Case 23-20084-rlj7 Doc 191-13 Filed 03/11/24 Entered 03/11/24 20:04:01 Desc Exhibit M - Crystal McClain (address for service of Life Insurance Motion) Page 1 of 1

Section B. Claimant/Beneficiary Information

Special Instructions:

- ▶ If an attorney-in-fact under a Power of Attorney is filing on behalf of the beneficiary, a copy of the Power of Attorney must be provided.
- ▶ If the beneficiary is an Estate, the Claimant's Statement must be completed for the Estate by the executor or administrator of the Insured's Estate and signed by the Executor as Claimant. A certified copy of the Letters of Administration appointing the executor or administrator should also be attached.
- ▶ If the beneficiary is a minor, the Claimant's Statement must be completed by the guardian of the minor's Estate and copies of the letters appointing guardianship must be submitted.
- ▶ If the beneficiary is a former spouse, include a copy of the divorce decree and the property settlement.
- If the beneficiary is a trust, the Claimant's Statement must be completed for the trust and signed by the trustee and a trustee certification is required.

$_{ riangle}$ This section must be fully	COMPLETED
Claimant/Beneficiary Name: (1/5+a) McClain (Indicate name of trust or	
(maidate name of autor of	r estate if listed as beneficiary)
Date of Birth: 9-27-1974 SSN or TIN:	9122
Mailing Address: 3728 Mayfield Huy.	
City, State, ZIP: Benton, Ky. 42025	
Email Address: Crystalco 55@ yahoo.com	
Relationship to Insured: $EX - W$	$\frac{27-5020 \text{GHs}}{\text{Mork}} = \frac{270-703-9290}{200-8000}$ Best Time to Call: $\frac{9*00-8:00 \text{pm}}{200}$

I do hereby make claim to the policy(ies) listed in Section A of the Claimant's Statement. I declare that the answers recorded are true and complete to the best of my knowledge. I have read the applicable fraud statement. I agree that the furnishing of this and any supplemental forms do not constitute an admission by the Company that there was any insurance in force on the life in question, nor a waiver of its rights or defenses.

Signature of Claimant

Date

Print Name of Claimant

Section C. Statement of Policy Loss

Check this box if policy cannot be located.

If the policy is later found, I agree to surrender it to the company without claim.

